
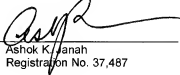


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Murugesh et al.	Group No: 1763
Application No: 10/797,286 Confirmation No: 2942	Examiner: Rakesh K. Dhingra
Filed: March 9, 2004	Attorney Docket No: 006477 USA/CPS/IBSS/LP
Title: GAS DISTRIBUTOR HAVING DIRECTED GAS FLOW AND CLEANING METHOD	May 21, 2008 San Francisco, CA 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136	
Papers Enclosed <input checked="" type="checkbox"/> Supplemental Amendment <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> PTO-1449 Form <input checked="" type="checkbox"/> Citations <input checked="" type="checkbox"/> Declaration/Affidavit <input checked="" type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee
		Large Entity Small Entity
	<input checked="" type="checkbox"/> One Month	\$120.00 \$60.00
	<input checked="" type="checkbox"/> Two Months	\$460.00 \$230.00
	<input type="checkbox"/> Three Months	\$1050.00 \$525.00
	Total \$ 0.00	
	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	16	21	0	\$50.00	\$25.00	\$0.00
Independent Claims	3	4	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims				\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258; and/or	
Fees for Extra Claims	\$0.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.	
Total	\$0.00	Please direct all telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
<input checked="" type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of: \$_____. CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at Fax No. (571) 273-8300, or electronically filed on the date shown below. By:  Date: <u>May 21, 2008</u> Leslie Mills		Respectfully Submitted, By:  Date: <u>May 21, 2008</u> Ashok K. Janah Registration No. 37,487	